

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 02/06/2013
 Voucher Vchr VchrLineDescr Dietsr Account Account Fund VendorName 1099
 MichHold Year Month

3000001499

02/08/13










Number	Line	Line#	Description	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount		
00324266	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	01	0000093549	Adams, R. 1.17-1	165.00
Total For Voucher											165.00	

CD

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit:	66500	Invoice Number:	Adams, R. 1.17-1.18.13
Voucher ID:	00324266	Invoice Date:	01/31/2013
Voucher Style:	Regular	Total:	165.00
Vendor:	ADAMS, RICHARD B RUIDOSO PUBLIC HEALTH OFFICE RUIDOSO, NM 88345	*Pay Terms:	Pay Now <u>Schedule Payments</u>

Saved

Payment Information		Find View All	First  1 of 1  Last  
Scheduled Payment:	1	Gross Amount:	165.00 USD
*Remit to:	0000097303 	Discount:	0.00 USD Discount Denied
Location:	001 		Late Charge
*Address:	1 	Scheduled Due:	01/31/2013 
	ADAMS, RICHARD B RUIDOSO PUBLIC HEALTH OFFICE 103 KANSAS CITY RD RUIDOSO, NM 88345	Net Due:	01/31/2013
		Discount Due:	
		Accounting Date:	
Payment Method		Pay Group:	
*Bank:	WFB10	*Handling:	RE
*Account:	B	*Netting:	N 
*Method:	ACH ACH		
Message:	Message will appear on remittance advice.		

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 1.17-1.18.13
Voucher ID: 00324266 Invoice Date: 01/31/2013
Voucher Style: Regular Total: 165.00

Voucher Processing
☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions
*Accounting Template: STANDARD Account At: Gross


Match Action
*Status: Ready
☐ Pay Unmatched Voucher

Transaction Currency
*Source: Tables *Currency: USD Rate Type: CRANT Exchange Rate: 1.00000000

Voucher Approval
*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice
*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment
Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit
Letter of Credit ID: 

Tax Group

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle	<input type="checkbox"/> Check if personal vehicle	License #:	GS1984
	Year: 2011	Make: Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.			
	Course Name:	Meeting with Cabinet Secretary in Santa Fe. and also facilities meeting in ABQ		
	<input type="checkbox"/> Check if training is required	<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	01/14/13	Destination:	Santa Fe	
	Departure Date: (month/day/yr)	01/17/13	Time:	06:00 AM	Return Date: (month/day/yr)
					1/18/13
			Time:	06:00 PM	
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

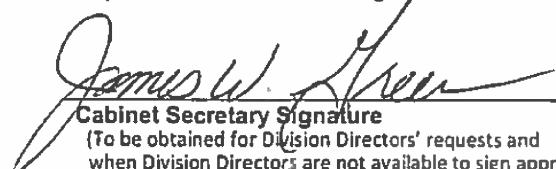
* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	1 @ \$135/day	\$ 135.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 165.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 165.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


 Employee Signature _____ Date 1-21-13

 Division Director/Hospital Administrator (As per specific division requirements) _____ Date _____

 Supervisor/Bureau Chief Signature _____ Date _____

 Cabinet Secretary Signature
 (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)